

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

- ☐ Pre-application ☐ Application
☐ Changed/Corrected Application

4. Federal

5. APPLICANT INFORMATION

* Organizational DUNS:

* Legal Name:

Department:

Division:

* Street1:

Street2:

* City:

County:

* State:

* ZIP Code:

* Country:

Person to be contacted on matters involving this application

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Phone Number:

Fax Number:

Email:

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):

7. * TYPE OF APPLICANT:

8. * TYPE OF APPLICATION: ☐ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify):

9. * NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE:

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

13. PROPOSED PROJECT:

* Start Date

* Ending Date

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

b. * Project

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

Position/Title:

* Organization Name:

Department:

Division:

* Street1:

Street2:

* City:

County:

* State:

* ZIP Code:

* Country:

* Phone Number:

Fax Number:

* Email:

OMB Number: 4040-0001

Expiration Date: 04/30/2008

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding

b. * Total Federal & Non-Federal Funds

c. * Estimated Program Income

17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE:

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR
☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☐ * I agree

* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

19. Authorized Representative

Prefix: * First Name: Middle Name: * Last Name: Suffix:

* Position/Title: * Organization:

Department: Division:

* Street1: Street2:

* City: County: * State: * ZIP Code:

* Country:

* Phone Number: Fax Number: * Email:

* Signature of Authorized Representative

* Date Signed

20. Pre-application

OMB Number: 4040-0001

Expiration Date: 04/30/2008